



Incident Report

Print Date/Time: 12/30/2015 09:55
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00202666

Incident Date/Time: 12/10/2015 12:58:00 PM
Location: SR 9 NE / SR 92
MARYSVILLE WA 98270
Phone Number: (425) 280-7875
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FOSTER, APRIL					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E492205**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-202666**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **12** - **10** - **2015** TIME (2400) **1258** COUNTY # **31** MILES ☐ N ☐ E ☐ S ☐ W ☐ IN ☒ OF **0664** CITY # ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE **9** BLOCK NO. ☒ **3600** MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) **STATE ROUTE 92**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253452287**

LAST NAME **MILLER** FIRST NAME **MELINDA** MIDDLE INITIAL **S**

STREET NEW ADDRESS **109 PARADISE PKWY**

CITY **GRANITE FALLS** ST **WA** ZIP **982528449**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **MILLEMS141Q6** STATE **WA** SEX **F** D.O.B. **11** - **26** - **1986**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **APP9224** STATE **WA** VIN# **KMHWF35H15A191224**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2005** MAKE **HYUN** MODEL **SON4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **MELINDA MILLER 109 PARADISE PKWY GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **GEICO 4234-01-07-77**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4252807875**

LAST NAME **FOSTER** FIRST NAME **APRIL** MIDDLE INITIAL **M**

STREET NEW ADDRESS **6609 CADY RD APT 2**

CITY **EVERETT** ST **WA** ZIP **982034569**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **FOSTEAM068B7** STATE **WA** SEX **F** D.O.B. **01** - **27** - **1994**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **AWG8798** STATE **WA** VIN# **1FAPF53U0XG231165**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1999** MAKE **FORD** MODEL **TAU4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **APRIL FOSTER 4127 108TH ST SE EVERETT WA 98208**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **STATEFARM 0491491D0347G**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **C. CHRISTENSEN** BADGE OR ID # **0075** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3

1 2 3 27

2

3

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3

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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E492205**CASE # **15-202666**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was northbound on SR 9 at SR 92 and had stopped for the traffic signal and traffic. Unit 1 attempted to stop but the vehicle brakes locked up causing her to skid and rear-end Unit 2. There were no reported injuries and both vehicles were driven from the location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-10-15 02:03 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

12/10/2015 9:57:49 PM

BADGE OR ID #

0075

ORI #

WA0311900

TIME POLICE DISPATCHED

12:58 PM

TIME POLICE ARRIVED

1:05 PM
PART B 3000-345-160 R (7/06)

 PAGE **2** OF **3**

REPORT NO. E492205

CASE # 15-202666

DATE AND TIME
OF COLLISION 12/10/15 12:58

